

HEALTH AND COMMUNITY SUPPORTS CONTRACT
CONTRACT INTERPRETATION BULLETIN for CY 2000 CONTRACT

CIB #2000-1: Use of CBRFs in Family Care

Re-Issued: May 30, 2000

CONTRACT SECTIONS AFFECTED

HCS contract Sec. III. CMO Functions: Services
Definition of CBRF Services in the LTC benefit package

STATEMENT OF POLICY

Bed size has historically been used as a proxy for whether a facility is really “community-based” or more institutional in nature. The DHFS Executive Team has determined that in Family Care there are other indicators of quality residential services that can be monitored through case management for persons who are elderly or physically disabled rather than continuing to impose administrative bed size limits. These alternative quality indicators include the option of a private room for each member who is considering a residential placement. Each CMO, as part of the certification process, is asked to provide information about the availability of private rooms in its provider network. Department review of CMO networks prior to the first renewal contract period will include a comparison of the estimated need for and availability of private rooms in various residential service settings, including CBRFs, adult family homes, RCACs and nursing homes. This comparison of need and availability shall be reviewed by the Local Long Term Care Council. The Department will work with the Family Care Pilots to develop 2001 contract requirements and language for implementation of the private room option.

The issue of bed size has developed with differing effect depending on the target group of the waiver. The Community Integration Program(CIP) Waivers for people with Developmental Disabilities has specifically limited eligible living arrangements. Placement of an individual in any CBRF with 5 to 8 beds requires a waiver. Placement in a CBRF with more than 8 beds is prohibited under the CIP waivers. The DHFS Executive Team has agreed that the current bed size limits for people who are developmentally disabled are consistent with national practice and standards and will therefore be retained in Family Care for all people with developmental disabilities.

AUTHORITY FOR CONTRACT PROVISIONS

The HCS Contract section addressed in this CIB provides a description of the services included in the benefit package. The contract list of LTC benefits indicates that all items listed with a (1) suffix are defined in the state’s HCFA approved waivers and Sec. 46.27(11) Wis. Stats. . The definition of CBRF in the Community Integration Program(CIP) Waivers for people with Developmental Disabilities requires a waiver for

placement of an individual in facilities with 5 to 8 beds and prohibits placement in facilities with more than 8 beds altogether. This definition also applies to Family Care.

CONTRACT INTERPRETATION

- There are no CBRF bed size limits for elderly and people with physical disabilities who enroll in a Family Care CMO.
- CBRF bed size limits will be in effect for all people with a developmental disability who enroll in a Family Care CMO. CMOs may serve members who are developmentally disabled in a CBRF with more than 4 beds only if the CBRF:
 1. Is licensed for more than 4 but not more than 8 beds and a variance has been requested and received from the Department (variance requests for the use of facilities between 5-8 beds should be sent to the Community Integration Specialist and the Area Administration contact for the appropriate DHFS region); or the person resided in and received services funded by COP, Community Aids, or other funding, in a CBRF larger than 8 beds prior to enrolling in the CMO, and has made an informed choice to remain. This must be documented as follows:
 - a. Each county entering Family Care will be required as part of its CMO certification to produce and maintain a list of all persons with developmental disabilities who, on the effective date of the CMO's first HCS Contract, resided and received services funded by county COP or Community Aids in CBRFs larger than 8 beds, and
 - b. The interdisciplinary team records in the member's individualized service plan that during the first year after enrollment the member has been shown and offered the option of at least one smaller CBRF (8 beds or less), but has chosen not to relocate.